

population in spite of the rather small and heterogeneous material examined we find that the trends are parallel to those seen elsewhere indicating the global nature of the current herpes pandemic. The fact that most other STDs especially the bacterial ones are treated at the primary level by virtue of the large number of currently available antibiotics, all easily available over the counter, herpes is likely to remain a major public health problem. Geographic and socio-economic influences as stated by Guinan *et al*⁴ do not seem to play such a role in our population. Asymptomatic infection plays a major role in maintaining viral circulation in society, while the sexual activity, age at first intercourse and type of contraceptives used may influence the risk of acquisition. These factors have to be borne in mind when developing an effective control programme. At present there is no such programme on a national scale for herpes but judging from the trends projected, it may very soon become a necessity.

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Screening for *Chlamydia trachomatis* in a Turkish population

In the last few years *Chlamydia trachomatis* has been recognised as one of the most important sexually transmitted pathogens. Genital infections due to this organism present a major world-wide public health problem.

We evaluated 93 out of 100 endocervical specimens obtained from nonpregnant women in their first visit to the gynaecology out-patient clinic in the Ege University Hospital, irrespective of their reason for attendance. The patient group consisted of both symptomatic and asymptomatic patients. The patients were grouped according to their ages, subjective symptoms and cervical lesions. Specimens were tested by a commercially available direct immunofluorescence test kit (Chlamyset, Orion Diagnostica, Finland). Specimens were considered positive if ten or more fluorescing elementary bodies were seen. The overall positivity rate was 34.4% (32/93). The results are shown in the table.

Table The rates of genital chlamydial infection in different patient groups

Groups	Number of patients	DFA positive	
		Number	%
<i>Age (years)</i>			
< 30	34	9	26.5
30-40	48	19	39.6
> 40	11	4	36.4
<i>Symptoms and signs</i>			
Group I*	37	12	32.4
Group II†	45	17	37.8
Group III‡	11	3	27.3
Total	93	32	34.4

*Patients with only subjective symptoms.

†Patients with subjective symptoms plus cervical lesions.

‡Asymptomatic patients.

Tissue culture is considered as the "gold standard" in the diagnosis of chlamydial infections.¹ Since tissue culture techniques are not practical for most clinical laboratories, non-culture antigen detection tests have become available and widely used. Direct fluorescent antibody (DFA) is one of these tests and its advantages over tissue culture are that it does not require a transport system, can detect both dead and live organisms, makes it possible to assess the specimen adequacy, is less expensive, and the results are available days earlier.¹² The sensitivity and specificity of the DFA test are in the range of 50-96%, and 94-96% respectively. Therefore, it is recommended as an alternative to the tissue culture in high risk populations.¹³

In this study we used the DFA test for screening, since our laboratory facilities were very limited for tissue culture.

The overall infection rate was 34.4% in our study. Similar percentages have been reported in previous studies using similar techniques.¹⁴ Our highest positivity rate was found in the 30-40 age group (39.6%). Although chlamydial infections are known as the most prevalent venereal disease in adolescents and young women at child bearing age,⁵ this is not true for the Turkish female population, because sexual activity usually begins with marriage and the marriage age has risen (> 25) in the past few years, especially in the cities. Although genital chlamydial infections are reported to be associated with clinical signs and symptoms, they may also show an asymptomatic course. In some studies, the positivity rates in symptomatic women were found to be significantly higher than the control groups.⁵ In contrast, there have also been studies in which no significant difference between symptomatic and asymptomatic women has been found.¹⁶ In our study, there was no statistically significant difference between the positivity rates of the three patient groups shown in the table. Although the number of patients in the

groups was small, our results were similar to those of some previous studies mentioned above.

In conclusion, the results of our study have shown that genital chlamydial infections are highly prevalent in our region. Therefore, further studies on both the prevalence of these infections and comparison of different diagnostic tests are needed in our country.

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